ADDITIONAL VETERANS			
NAME:	DATE OF BIRT	H:/	_ SOCIAL SECURITY #
SPOUSES NAME:	DATE OF BIRT	H:/	_ SOCIAL SECURITY #
MAILING ADDRESS:	PROPERTY ADDRESS:		
FILING STATUS: MARRIEDUNMARRIED	SURVI	VING SPOUSE (AGE 60 T	O 65)
TOTALLY DISABLED: IF APPLICANT IS TOTALLY D	ISABLED, <u>CURRENT P</u>	ROOF IS REQUIRED	
DID YOU OR WILL YOU FILE A FEDERAL TAX RETURN	YES (attach	copy) NO	
NCOME RECEIVED DURING LAST CALENDAR YEAR:	APPLICANT'S/AUTHORIZED AGENT'S AFFIDAVIT  The applicant or authorized agent deposed that the statement in this application are true and		
A. GROSS INCOME	•	•	
B. NON-TAXABLE INTEREST	complete and claims tax relief under provisions of the CT General Statutes and Town ordinance.  The property for which tax relief is claimed, is the permanent residence/domicile of the above		
C. SOCIAL SECURITY/R.R. RETIREMENT			
D. ANY INCOME NOT INCLUDED ABOVE			
EXPLAIN:			
E. TOTAL OF LINES AD.			
SIGNATURE:	DATE:	PHONE #	AGENT'S RELATIONSHIP
ASSESSMENT:		AMOUNT OF TAX CREDI	Т:
APPLICATION RECEIVED: % OF PROPERTY OW APPLICANT (IN FEE C	NED BY THIS OR LIFE USE)		
APPROVED:YES NO / REASON FOR DENIAL:			
SIGNATURE OF ASSESSOR/ASST ASSESSOR		DATE SIGNED:	

\_\_\_\_\_ GRAND LIST

ACCT # \_\_\_\_\_

TOWN OF BROOKFIELD-TOWN BENEFIT